to obtain a positive decision and the number of unique drugs reviewed within the disease condition (r= .46 and .41, respectively). This relationship was not observed for PBAC (r=0.01). **CONCLUSIONS:** PBAC required a greater number of submissions to gain a positive decision and the lag time to a positive decision is longer compared to SMC and CADTH. The number of submissions needed to gain a positive decision by CADTH and SMC were similar, but CADTH's lag time was double that of SMC. For both SMC and CADTH, the number of drugs reviewed in a disease condition was positively correlated with the number of times a drug had to be submitted in order to gain a positive decision.

PHP183

DRAFT VERSUS FINAL GUIDANCE IN NICE'S DRUG TECHNOLOGY APPRAISAL PROCESS

McGee MA[1], Izmirlieva M[2], Ando G[2]
[1]*IHS Global Insight, London, UK,* [2]*IHS, London, UK*

OBJECTIVES: The study sought to establish the pattern by which draft versus final technology appraisal's (TA) for drugs have been issued by UK's NICE. In particular, the study focused on variations between the draft versus final guidance, and the rationale for any changed recommendations during the appraisal process. **METHODS:** The current study is based on a review of NICE's 13 draft guidance and subsequent final guidance issued over the time period from November 2010 to mid June 2013. **RESULTS:** NICE issued five recommendations, four rejections and four recommendations subject to restriction, on drugs for use within the NHS in England and Wales. Four out of the five final recommendations had been overturned from an initial non- recommendation, to gaining a positive decision in final guidance. Meanwhile, all four final rejections corresponded to the recommendations made in its respective draft guidance. With one exception, all recommended drugs had an ICER below GBP30,000. None of the drugs rejected in the final guidance had a Patient Access Scheme offered. **CONCLUSIONS:** One-third of the 13 decisions were positive recommendations, a trend that is significantly lower than the average between 1 March 2000 to 31 May 2013, when 62% of TA's gained a positive final recommendation. Aside from clinical issues, the overriding rationale for the rejections were attributed to the high ICERs, coupled with the lack of PAS. This is compared to the case of, for example, ipilimumab, where a PAS offered in the final guidance lowered the ICER from GBP54,000 - GBP70,000 per QALY gained to GBP42,200 and essentially overturned NICEs initial non-recommendation. As seen in half of the initial rejections, NICE has overturned several decisions in favour of the manufacturer prior to final guidance.

PHP184

ACCEPTANCE OF SURROGATE ENDPOINTS BY HTA AGENCIES IN EUROPE

Es-Skali IJ, Nijhuis T
Quintiles, Hoofddorp, The Netherlands

OBJECTIVES: To compare how different European HTA agencies assess surrogate endpoints to demonstrate efficacy. **METHODS:** We identified 8 therapies with surrogate endpoints that were evaluated in the last 6 years by NICE and/or SMC (UK), HAS (France) and G-BA (Germany). The acceptability of the use of surrogate endpoints and any specific comments made by these agencies were analysed. **RESULTS:** Commonly used surrogate endpoints such as glycated haemoglobin (HbA1c) in diabetes, progression free survival (PFS) in oncology and forced expiratory volume (FEV1) for respiratory diseases have been generally accepted as sufficient evidence to gain reimbursement by HTA agencies. Especially when a surrogate endpoint has been accepted by EMA, it is usually considered a valid outcome measure. Less well-accepted were several surrogate cardiovascular endpoints such as 6 minute walk test, blood pressure and LDL cholesterol. For G-BA it is important that surrogate endpoints have been properly validated and are patient relevant but they did accept endpoints such as sustained virological response (SVR) for hepatitis treatments, FEV1 and body mass index (BMI) based on minor evidence. NICE and SMC also strongly value evidence to demonstrate the correlation between surrogate endpoints and clinical outcomes. Interestingly SMC has recently become more cautious in accepting widely established endpoints such as HbA1c. With regards to the HAS, they often did not comment on the use of surrogate endpoints at all in their published reports. **CONCLUSIONS:** The use of surrogate endpoints in the assessment of clinical benefit is still controversial; however, attempts are made to establish clearer regulations such as the recently published EUnetHTA guidelines regarding surrogate endpoints. In the absence of evidence on final patient-relevant clinical endpoints, several commonly used biomarkers and intermediate endpoints will be considered as valid surrogate endpoints by HTA agencies. Newer, less established surrogate endpoints will be more subject to strict validation requirements.

PHP185

A COMPARISON OF GERMAN BENEFIT ASSESSMENTS BY G-BA, IQWIG AND MANUFACTURERS

Eheberg D[1], Lebioda A[2], Hülsebeck M[2], Plantör S[2]
[1]*IMS Health, Munich, Germany,* [2]*IMS Health GmbH & Co. OHG, Munich, Germany*

OBJECTIVES: In the German HTA process (AMNOG) the choice of the patient-relevant endpoint, the appropriate comparator and the method of analysis are known to be decisive for the G-BA's resolution of an additional benefit. Therefore, we aimed to analyze differences between manufacturer's dossiers and G-BA / IQWiG assessments. **METHODS:** The analysis will take into account all completed AMNOG assessment procedures. We analyzed all G-BA resolutions in comparison to IQWiG assessments and the manufacturer. **RESULTS:** One major point of discrepancies occurred in the declaration of patient-relevant endpoints. By June 2013, 58 surrogate endpoints were declared by IQWiG and manufacturers mainly in the indications oncology, infectious diseases and diabetes. The G-BA clearly states that only valid patient relevant endpoints are to be considered. However, there remains uncertainty around the term "patient-relevant" and which criteria have to be met for the IQWiG to accept an endpoint as patient-relevant. To date, 54 comparisons were made in the dossiers to show an additional benefit of a new agent. The pharmaceutical manufacturer and the IQWiG often disagree when it comes to the choice of the method of analysis. Cases of disagreement between G-BA and IQWiG are rarer in this area. In the case of Belimumab, the manufacturer chose to demonstrate the additional benefit by showing the add-on effect of the agent on-top of the appropriate comparator and not against it. This resulted in diverging benefit assessment by IQWiG and G-BA. **CONCLUSIONS:** The analysis of the assessment for all new active agents shows disparities between the assessments of all parties involved. The AMNOG legislation has been in place for about two years and still, there are uncertainties in the choice of patient-relevant endpoints, comparators and method of analysis in the German benefit assessment process. Discussion is necessary to resolve diverging expectations about required methods and following assessments.

PHP186

THE IMPACT OF COST EFFECTIVENESS ON REIMBURSEMENT APPROVALS IN FRANCE: A COMPARISON OF FRANCE AND THE UNITED KINGDOM

Purchase JL[1], Nijhuis T[2]
[1]*Quintiles, Reading, UK,* [2]*Quintiles, Hoofddorp, The Netherlands*

OBJECTIVES: To estimate the potential impact of the new health economic assessment requirement on innovative products that came into law in October 2012 in France, by comparing the outcomes of recent Health Technology Assessments (HTA) in France (HAS) and the UK (NICE, SMC, AWMSG, JCVI). The hypothesis is that reimbursed products that achieved a high benefit score in France may have been rejected if the health economic case had to be demonstrated, as is required in the UK. **METHODS:** A search was conducted to identify all therapies evaluated by HAS which were given a significant, important or moderate therapeutic improvement score (ASMR I, II or III) between January 2010-June 2013. We then identified the assessments of the same product in the UK and compared the outcome of the assessment and the role of the economic evidence that was submitted. **RESULTS:** Thirty-six therapies rated an ASMR I-III by HAS were found. Out of these 36, 19 products had not (yet) been evaluated in the UK. For the remaining 17 that had been assessed by both countries, only one was not recommended by at least one of the UK agencies. NICE's primary reason for rejecting the said intervention was due to the 'clinical and cost effectiveness'. Similarly the SMC stated the economic case of the drug had 'not been demonstrated', and the long term clinical effect remains unknown. **CONCLUSIONS:** Initially, it doesn't appear that economic evaluations based on QALYs considerably influence the outcomes of HTAs. Only one assessment was rejected by both UK agencies based on economic grounds but was awarded an ASMR III. Since most products have been endorsed by the UK agencies, the French system's incorporation of health economics will not necessarily be an additional hurdle that cannot be overcome.

PHP187

WEB-BASED OF TOPIC SELECTION FOR COMPARATIVE EFFECTIVENESS RESEARCH IN KOREA

Kim HS, Lee DS, You JH
National Evidence-based Healthcare Collaborating Agency, Seoul, South Korea

OBJECTIVES: As the only health technology evaluation institution in Korea, National Evidence-based Healthcare Collaborating Agency has made efforts to establish the topic selection model of comparative effectiveness research which corresponds to Korean situations in order to revitalize it since 2012. **METHODS:** As a result of preparing thetopic selection process of the comparative effectiveness research according to these efforts and of conducting model operations in 2012, solution to access to the proposal process of research topics and a close examination of research methodologies was proposed as improvement point. **RESULTS:** Accordingly, web-based research topic proposal systems(www.necacer.re.kr) were designed in order to solve access to the proposal process of research topics and to increase transparency of the early stage of research in 2013. To make a close examination of the possibility of research performance in multidisciplinary fashion, evaluation systems of three stages were divided to operate but web-based design which is the same as topic proposal systems was done reflecting the evaluator's geographical access etc. Concretely, web-systems for topic proposal are composed of writing proposed research topic, writing proposed content of a topic, and confirming and submitting stages after writing basic information after login, and evaluative web systems were composed as follows: Step 1 is composed of quantitative evaluation based on 6 standards, step 2 qualitative evaluation based on 6 standards, and step 3 investigation process based on 4 standards in relation to research topics refined. **CONCLUSIONS:** It is conceived that Korean web-based topic selection systems of comparative effectiveness research prepared systematically taking Korean situation into consideration will be able to contribute to improving qualitative aspects of research and enhancing researchers' credibility by transparent opening the whole process of proposing, selecting and confirming topics.

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RELEVANCE OF INDIRECT COMPARISONS IN THE GERMAN EARLY BENEFIT ASSESSMENT (AMNOG)

Lebioda A[1], Gasche D[1], Dippel FW[2], Plantör S[1]
[1]*IMS Health GmbH & Co. OHG, Munich, Germany,* [2]*Universität Leipzig, Leipzig, Germany*

OBJECTIVES: Early benefit assessment in Germany under the AMNOG legislation requires a direct comparison with the appropriate comparator determined by the Federal Joint Committee (G-BA). In case no head-to-head studies are available, submission of indirect comparisons is permitted to assess the additional benefit of the new drug. The aim of this study was to comprehensively analyze the submissions of indirect comparisons reviewed so far by the Institute for Quality and Efficiency in Health Care (IQWiG) from January 2011 until May 2013. **METHODS:** A systematic review of all 48 published assessment reports was performed. **RESULTS:** There is a mismatch between the original intention of the early benefit assessment and its actual outcome. Until May 2013, 14 indirect comparisons have been conducted and submitted by manufacturers regarding the early benefit assessment. Only one indirect comparison has been accepted in a subindication by the IQWiG. However